- (18	1	8	4

8213

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH a. COUNTY	Cecil		MARY	LAND	O STATE		ere deceased	l lived. If instituti B. COUNTY		ice befo	re admiss	sion)
b. CITY OR TOWN (II	f outside corporate limi racest town) Point		LENGTH OF STAY			OWN (If or		rate limits, write R	URAL and	give neo	rest town	1)
OR INSTITUTION	AL (If not in hospital. g				d. STREET A	DDRESS		Street				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fic JAME		Middle W.		BANNO		4. DATE OF DEATH	Augu		8	*	Yeor 19 56
s. sex Male	6. COLOR OR RACE White	7. MARR	DIVORCE		B. DATE OF BIRTH			9. AGE (In years lost birthday) 68 yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS. Min.
Labores 13. FATHER'S NAME	ing tire, even it retired		KIND OF BUSINESS O Unknovin	R INDUS	Penr 14. MOTHER'S	MAIDEN N	ania AME	ountry)		SA	F WHAT	COUNTRY?
IS. WAS DECEASED EVE	John Bannor R IN U. S. ARMED FOR (I) yes, give wor or dorse of I WW I	CES? 16.	social security no unknown		Mary MFORMANT Ospital F	Trac		Add H, Perry		t, A	ſd.	
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, C	oronary art		osclerosi	is, se	evere			ONS	RVAL BE ET AND UNKNO	DEATH
Conditions, if or gove rise to it code (a), stoting lying couse lost.	mmediate (T	yocardial f			oilate	eral,	multiple			10-15	days
PART II. OTH	IER SIGNIFICANT CON		contributing to DEA						en in par known		PERFO	AUTOPSY RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE). (Enter noture of	injury in P	ort I or Port	II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	White at work	Not while	20e. PL/ foc	ACE OF INJURY (Hittory, street, office	lome, form, bldg., etc.)	20f. (City	or town)	(0	County)		(Stote)
	at Kattended the	2000			occurred at.	9:35r	OM, from ADDRESS (SH		and on the store)	he dat	le state	
270. BURIAL, CREMATIO REMOVAL (Specify) HOMOVAL	8-10-56	F	22c. NAME OF CEME Unkr		R CREMATORY			ion (city, town, ttsburgh			(Stote	e)
23. SUNTENAL DIRECTOR	1 -1	Navr	address e de Grace	Md		240, REC'D	BY REGISTI		STRAR'S SK	E.	le	ghait

may be retained (The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 1SM 9/S5

TO HOSPITAL OR APPRIDING PHYBICIAN: The fow requires that the death certificate be executed within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BEINHCAYE OF DIATH

BUREAU V. E.

9561 LI 5NV

BECEINED

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08188

ERTIFICATE OF DEATH

90 Reg. Dist. No.....

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY COEL MARYEAND	STATE Md. COUNTY CES!	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
9	TOWN ChesApeate Cty > when	TOWN EIRTON	36
	HOSPITAL OR	STREET (II rural give location)	-
Ġ	STREET ADDRESS MOR GAN NUrsing Lome	ADDRESS RD ## 2	,
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Y	(481)
	77 - N. A. J.	DEATH A of on	,56
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED.		ER 24 HRS.
	+ WHITE Specify vorced Jan.		s Min.
	10a. USUAL OCCUPATION (Give kind of work done during, most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	HAT
24	tolired) Housewife House Kacping	ENGLAND	14
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Thomas Bryant	Knight	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
1	(Yes, ne. of unk.) (If Yes, give wer or detes of service)	Charles H. Bryant Elten	RDS
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BE ONSET AND	TWEEN
	44 A AMMEDIATE CAUSE (A) CIEREBRAL HE	MORRHAGE 48h	rus
	ANTECEDENT CAUSE(S) DUE TO SALL AUST	C.V. Diene Bus	
	DISEASES OR CONDITIONS, IF ANY, (B) TY II SULL (MIGHELE)	Co. Discourse Siges	صراما
	STATING UNDERLYING CAUSE LAST. DUE TO		
	(C) / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY?
9	NONC	YES N	NO [
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF FNJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (Sta	ofa)
		IF. HOW DID INJURY OCCUR?	
	M. at work detwork		
	22. I hereby certify that I attended the deceased from life /	5, 1952, to Hoy 29, 1956, that I last saw the d	
/	alive on A06 28, 1956, and that death occurred at		acsazad
·	SIGNATURE/		SIGNED
2	Contraction of the second	Chouse to 15 h. St.	SIGNED
5	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, town, or county)	7/36
Ų.	REMOVAL (SPECIFY)	TO 1/1 town, or county)	(ofaio)
3	Lourial Woodlawin	Baltimore 1	Med
2	24. ARECO BY REGISTRARY SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	t 7/1
	DATE Mus. Calaby A. Ross	Som. J. reveres sous - Pal	W WIL

ME AND STATE OF PERSONS OF PERSONS OF PERSONS AND ADDRESS OF THE PERSONS OF P

DERTIFICATE OF DEATH

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may be retained by the haspital an attending phy

TO FUNERAL DIRECTOR: After this certificate has by

page 3 shauld be detached for use as the burial-

23. FUNERAL DIRECTOR'S SIGNATURE

HOFFMAN FUNEDAL HOME

22a. BURIAL, CREMATION, 22b. DATE THEREOF

C. GRASBERGER

8-26-56

PHYSICIAN'S

NAME (Type)

611 "K" Street, N. W.,

22c. NAME OF CEMETERY OF CREMATORY

Arlington National

24a. REC'D BY REGISTRAR

M. D. , Acting, Director, Professional Saurices

24b. REGISTRAR'S SIGNATURE

(State)

22d. LOCATION (City, lown, or county)

Ft. Myer, Virginia

40€ 58. 1877 -

VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08190

219	CERTIFICATE	OF	DEAT
210	CERTIFICATE	VI	PEAL

Reg. Dist. No. 96

1. PLACE OF DEATH O. COUNTY OEGIL			MARY	LAND	2 USUAL RESII o. STATE	MARYL		Lived If instituti 6. COUNTY			e odmiss	ion}
b. CITY OR TOWN (IF RURAL and a ve near PERRY POINT	outside corporate limi rest lawn)		c. LENGTH OF STAY	li li		_ :-	BALTI	rote limits, write R	URAL and g	ive nea	rest town	1)
d. NAME OF HOSPITA OR INSTITUTION Veterans Ad	L (If not in hospital, g	ive street	address)	J (12.1)	d. STREET A	DDRESS		Avenue		1		IDENCE FARM?
3. NAME OF	Fir		Middle	!	Los		4. DATE	Mon	alls.	Day		Yeor
DECEASED (Type or print)	EDW		N		CZARNEC		OF DEATH	Augu		3		19 56
5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIE	DI	B. DATE OF BIRTI	Н	-	9. AGE (In veors	IF UNDER	1 YEAR	****	
Male	White	WIDOW			November	20,1	897	last birthdoy) 58 yrs.	Months	Days	Hours	Min
100 USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co		12 CIT	ZEN OI	F WHAT	COUNTRY
Unknown	ig me, even is renred		Unknown		Mary	land				USA		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				•	
Unknow	m					Unk	nown					
15 WAS DECEASED EVER	IN U S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	. 17. IP	NFORMANT			Add	ress			
	3/22to5/	4/23	None	Ho	spital R	ecord	s, VAI	I. Perry	Poin	t. N	id.	
18. CAUSE OF DEAT	H (Enter only one co	use per li	ne for (o), (b), and (c).							INTE	RVAL BE	
PART I DEAT	H WAS CAUSED BY:	Bro	ncho pneumo:	nia,	bilater	al, 1	ower :	lobes,				DEATH 5 days
			esolved									
Conditions, if on		Art	eriosclero	his :	of coron	ary a	rtery			Ur	ik.	
gave rise to im couse (o), stating th												
lying cause lost.	(0)										
Arterio	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TUB HTA	NOT RELATED TO	THETERMI	NAL DISEASI	CONDITION GIV	EN IN PART	1(0) 19		AUTOPSY
	sclerosis		ral, modera									NO 🔲
OR CONTRIBUTING (UNDERLYING [] CAUSE OF DEATH SEDICAL EXAMINER)	206. DES	CRISE HOW INJURY O	CCURRED). {Enter nature o	f injury in F	Port Lor Part	II of item 18)				
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye		NJURY OCCURRED Not while at work	20e. PLA foc	CE OF INJURY (tory, street, office	Home, form, bldg., atc.	, 20f. (City)	or town)	(0	ounty)		(State)
21. I certify the	t Kattended the	deceas	ed from Oct.	6th	. 19 26	. to Au	gust 3	19 56	KADDI	XXXX	X.86.X	Adade ase
			⊇CXXX, and that	death								
	. 1	<u>.</u>	1					reet, city or town,		_		ATE SIGNED
ACTUAL SIGNATURE	soph t	hope	berner		M.D. VA HO	spita	l, Pe	rry Point	t. Mai	yla.	nd.	
PHYSICIAN'S	J											
NAME (Type) VO	SEPH GRASB	BRGB	R. Actg. Di	r. F	rof Se	rvices	YA.	Hospital	Peri	TV TO	oint	. Ma
220 BURIAL CREMATION REMOVAL (Specify) LIGHTOVAL	8-4-56	F	22c. NAME OF CEME	ETERY OF	CREMATORY		22d. LOCAT	ION (City, town, o	or county)	*1a.	(State	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS 18	Pagé	ern Ave.	24a. REC'I	D BY REGIST		STRAR'S SIG			-
JOHN G. COM	ELLY FUNE	RAL H	AN E ATT ARE	sex.		la .	-4-3		د مع	۲.	120	agla

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08192

8220	CERTIFICA	TIE OF DEATH	Reg. Dit	it. No. 90
1. PLACE OF DEATH d. COUNTY		2. USUAL RESIDENCE (When	deceased fived. If institution, Residen	·
Cecil	MARYLAND	Marylar	ad b. COUNTY Bal	timore
 b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) 	e. LENGTH OF STAY IN 16	,	ide corporate limits, write RURAL and q	give nearest town)
Perry Point	2 Me. 5 days	Towson, Mary	land	
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION		d. STREET ADDRESS	Man 3	e IS RESIDENCE ON A FARM?
Veterans Administration	n Hospital	24 Thornhill	. Road	YES NO Z
3. NAME OF First DECEASED (Type or print) NEISON	Middle V•	forD 4	DATE Month Of DEATH	Day Year 11 19 56
Male White wo	OWED DIVORCED	8. DATE OF BIRTH 6-4-91	lost birthdoy) Months 65 yrs.	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or	foreign country) 12 CIT	IZEN OF WHAT COUNTRY
Carpenter	Contracting	Crisfield	i, Maryland	USA
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM		
William H. Ford (Dece			Lson (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] / [If yes, give wor or dates of service]		NFORMANT	Address	
Yes Ww-l	Unknown	Hospital Record	is, VAH, Perry Poi	nt, Md.
18. CAUSE OF DEATH [Enter only one couse po		7. 7 2 1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o)	Carcinomatosis,	abdominal		
DUE TO	Carcinons of stor	ma a h		6 Months
Canditions, if any, which (b)	Jareiners of Scol	listen		O MONORES
couse (o), stoting the under-				
Z PART II. OTHER SIGNIFICANT CONDITIO	NE CONTRIBUTION C TO DEATH BUT	NOT BELLITED TO THE TERMINA	U DECET CONDITION CONTAINS ON	TIGHTO WAS ALTORSY
Arteriosclerosis,				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED			YES A NO
OR CONTRIBUTING CAUSE OF DEATH				
Hour c.m. W	d. INJURY OCCURRED 20e. PL. hile Not while work at work	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town) (C	County) (Stote)
21. I certify that Kattended the dec	eased fram 6-7-56	, 19.56, to 8.	-11- 19 56 HOOKK	A STEEL STATE OF THE STATE OF T
onliveconcexecexexexexexexexexexexexexexexexexex	WXXXX, and that death	occurred at 3:20P	M, fram the causes and on th	ne date stated above
1 + 0.1.	Pag	AD	DRESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIGNATURE		M.D. V.A. Hospi	tal, Perry Point,	Md.
PHYSICIAN'S NAME (Type) W. ODD. T	MD Chinf Pro	fessional Serv	ices VAH. Perry Po	int. Nd. 8-12-5
220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	d. LOCATION (City, town, or county)	(Stote)
Removal (Specify) 8-12-56	Baltimore Na	tional	Baltimore, Maryla	nd
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S SIC	1.0
yearsing +1	Havre DeGr	ace, Md. DATE 5-	15-56 Drens	E. Dangh
A CHINA THE PONTON SON,				

oth. Poge 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter them. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fined with the registror prior to burial, cremation, at removal, and in any event within 72 hours and each.

VS A1S (4) 1SM 9/53

DECEINED.

BUREAU K.

VS. A15ME(5) 5M 9755

rie.

8221

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

a. COUNTY				O STA	TC .		b. COUNT	v		JOYAL OUT	ission
	cil		MARYLAM	ט	Ma			Ue	cil		
b. CITY OR TOWN 1 and give represt for	If outside corporate limits, with m)	e RURAL	c. LENGTH OF STAY IN 11	c. CIT	Y OR TOWN (If outside cor	porote limits, write	RURAL of	nd give n	earest to	wn)
North Ea			1 yr.		Charles	town M	mor				
d. NAME OF HOSPI	TAL OR INSTITUTION ((If not in ho	ospital, give street address)	d. STR	EET ADDRESS					ON	ESIDENCE A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Losi	4. DATE	Mont	b	Day	γ	fear
(Type or print)	Pearl		Rachael	Fran	ne	OF DEATH	8		18	3 1	9 56
5. SEX	6. COLOR OR RACE	7. MARR	RIED T NEVER MARRIED	8. DATE OF	BIRTH		P. AGE (In years		RIYEAR		ER 24 HRS
F	W	WIDOW	ED DIVORCED	5-10	32		24 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIR	THPLACE (Stote	e ar fareign c	country)	12. CI	TIZEN O	F WHAT	COUNTRY
House W			house work		Winche	ster,	Va.	I	J.S.A		
13. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME					
Eugene G	oodman Sh	eets		M	arv Kat	herine	McNeal				
	VER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT			Address				
PO	If yes, give war or dates of	service)		Eugene	G. She	ets. I	ester Pa				
	ATH [Enter only one cou	use per line							INTE	RVA, BETWI	EEN
PART 1. DEA	TH WAS CAUSED BY.		Drowned						ONSI	ET AND DE	ATH
11/11/0	IMMEDIATE CAUSE (o)	·	hilf of his sta								
Canditions, if											
gave rise to immi	diote couse)									
(a), stating the											
_	J (c		CONTRIBUTING TO DEATH BUT	T NOT BELATER	TO THE TERM	AINIAI DICEAC	S CONDITION OF	/ENI INI DA	9T 1/ml 2	0 14/45	V30OTUL
	THE STOTAL COL	01110113	JOINTE DE LE LA	I NOT KLUSTIC	D THE TERM	UNIANT DIDEND	E CONDITION BIT	LEIN IIN LW	1	PERFO	RMED?
S EVYENNIA CA	165 1446	L Brccou	Dr. DANI IN HUBY OCCUPANO	200		- 1 - 0 - 10	41- 30-4			YES [NO 🗆
PART II. OF			BE HOW INJURY OCCURRED.				· ·				
- 1		Mant	in swimming a	lone at	eggs bn	rently	r no one			athar	
20c. TIME OF INJU		- Whi		LACE OF INJU scrory, street, c	RY (Mome, for iffice bldg., etc	m. 20f. (⊊ity :.)	or tawn)	(C	ounty)		(5tote)
	0-1819	6 ol w	rork 🗌 al work 🔀 Po				orth East		1100		Md.
			remains described at			şy 🔲, lı	nspection 🔲,	Inqui	iry 🔲	, and	find tha
death resulted	from: Natural	causes [🔲, Accident 📆, S	uicide 🔲,	Homicia	NE U	ndetermined o	ause [].		
(1)	1200	-0 424	Onion			7					
SIGNATURE	XXXX	14	acri	M.D. CHI	EF MEDICAL E	XAMINER [DATE :	SIGNED
				ASS	ISTANT MEDIC	CAL EXAMINE	ER 🔲				ell ^a
EXAMINER'S NAME (Type)	R.C.Dodson			DEP	UTY MEDICAL	EXAMINER [k	8	19-	56	
220. BURIAL, CREMATI	ON, 226. DATE THEREC		22c. NAME OF CEMETERY C	OR CREMATOR	Υ	22d, LOCA	TION (City, town,	or county)		(5101	e)
Removatecib	aug.20,1	1956	I amount	11		Ches	ter			Per	ına
23 FUNERAL DIRECTO	S SIGNATURE	_	ADDRESS	1	24a. REC	D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU		
Hosuph O	I From	\ Y	Touts Each V	ud	DATER	-21-3	56 100	alice	E.lk	160	neces
Joseph	R Grant No	Tth	Bast Mary Tarr				, ,,,,,,,,			7.00	7

MANAGER E

NAME OF CEMETERY OR CREMATORY

Glenwood Cemetery

08194

		No	9	7
eg.	Dist.	No		

(If rurel give location) (Dey) (Year) 19 56 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours CITIZEN OF WHAT COUNTRY? U.S.A. Earleville, INTERVAL BETWEEN !! d . 10 min 6 day 6 days 20. AUTOPSY? YES [NO (County) [Stete] Gecilton Md 20 Aug Del. Smyrna. 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. Smyrna, Del.

FUNERAL DIRECTOR: certificate certificate death

BURIAL, CREMATION.

REMOVAL (SPECIFY)

REC'D BY REGISTRAR

Burial

DATE THEREOF

REGISTRAR'S SIGNATURE

I 'A nveuna

996T T 9NY

PLACE OF DEATH

8210 CERTIFICATE OF DEATH

Reg. Dist. No. ... 7.3

21		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED
COUNTY week	MARYLAND	STATE MA	COUNTY	Vent
CITY (Il outsida corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ata limits, write RURAL and giv	re nearest town)
TOWN OF THE PROPERTY TOWN	(in this place)	TOWN Fin	an sui	*
HOSPITAL OR	1 - 0 1000	STREET	,(If Aural give loca	19 James V
STREET ADDRESS MANAGEMENT HAS	nital	ADDRESS	Contract give loss	
		GHIFFIN		
3. NAME OF (First) DECEASED	(Middle)	(Leist)	4. DATE (Month)	(Day) (Year)
(Type or Print)		MARKIS	DEATH	73 1,56
5 SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED JOIN	ED, 8. DATE C	OF BIRTH S	AGE last birthday IF t	INDER 1 YEAR UF UNDER 24 HRS.
Pennsk Gilored (Specify) for	nale any	16/905	5 / yrs. Mor	offis Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done dupper, most of working life, even if OR	INDUSTRY	11. B.RTHPLACE (State or foreig	In country)	12. CITIZEN OF WHAT
reliand Thurseand 12	in Home	manula	-28	COUNTRY?
13. FATHER'S NAME	77777	14. MOTHER'S MAIDEN N	IAME	will
Not 22 11:11.		12 +	1 de la companya del companya de la companya del companya de la co	. /-
John 17 Muffen		Berlie	narwa	eN
(Yas, no, or unk.) (If Yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	1
(125, nd, or unk.) (if fet, give war or dates of service)	mark.	H. L. Krones	Harris V	namen med
	18. MEDICAL CER	TIFICATION	21100000	I ONTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1	C .		ONSET AND DEATH
IMMEDIATE CAUSE (A) FIDE	Climinal	Carcinoma	10515	3 MONTHS
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
194. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO D
21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Homo OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, of INJURY street, of INJURY street, of INJURY street, or INJURY street, or INJURY MEDICAL EXAMINER)	e, farm, factory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21a.	INJURY OCCURRED	21. HOW DID INJURY OCCUR	?	
M. Whit			1	
22. I hereby certify that I attended the deces	ased from 8/22	1956 to 8/2	23 105/ 11	nat I last saw the deceased
1 6/17	that death occurred at		suses and on the date	
	/ //		ESS (Street, city_lown, stell	
SIGNATURE (1. Checker	ma 1	3011. Mai. 57	C-6/11	7-1 0723 1-1
23. BURIAL CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY JI	LOCATION (City, town, or o	13 8/23/36
PARTIES GREAT GUAZ7195	n 10 -41	11 1t	LUCATION (City, 16Wn, or o	(State)
	1110 12che	(Cim.	Jules	nu
24. CODE REGISTRAR'S SIGNATURE	7 4	25. PONERAL DIRECTOR'S	IGNATURE	ADDRESS
DATE 29 1955 7. //	France	64. Ward	12/Kur 2	willing - 2 1
		4/	110	the contract

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08196

Reg. Dist. No.....

PLACE OF BEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY MARYLAND LENGTH OF STAY (If outside/corporate limits, write RUBAL eyd give naurest town) CITY A Satside corporete limits, write RUR TOWN STREET HOSPITAL OR (if rural give focation) INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF (Middle) (First) (Month) (Day) (Last) DATE (Year) DECEASED OF (Type or Print) DEATH 19 COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORGED. Months Days Hours 10s. USUAL OCCUPATION (Give kind of work 10b K.ND OF BUSINESS or foreign country) 12. done during most of working life, even if OR INDUSTRY 13. FATHER'S NAME MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES & 16. SOCIAL SECURITY NO (If Yes, give war or datas of service) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH A IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 🗌 NO 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21f. HOW DID INJURY OCCUR? Not while at work al work that I attended the deceased from/. Jun, 19, July, that I last saw the deceased and that death occurred at ... alive on. M, from the causes and on the date stated above. SIGNATURÉ ADDRESS (Street, Kity, town, stafe 10M DATE THEREO! BURIAL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) BY REGISTRAR /FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

The day

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8223

CERTIFICATE OF DEATH

08197

				Reg. Dist, 140.
1. PLACE OF DEATH 0. COUNTY CECIL	MARYLAND	2 USUAL RESIDENCE (WAS STATE THANKS SEE	ere deceosed lived If institution b. COUNTY	OLL V
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PLICAL POLINI	c. LENGTH OF STAY IN 16		utside corporate limits, write RUEVANT	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION VELOCIANS Administration }	oddress)	d STREET ADDRESS		IS RESIDENCE
3 NAME OF First DECEASED (Type or print)	Middle U. HA	Lost NES	4. DATE Mont	
s sex 6. COLOR OR RACE 7. MAI		B. DATE OF BIRTH February 27,1	9 AGE (In years last birthdoy) 7 yrs	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMER	KIND OF BUSINESS OR INDUS	Tennessee	or foreign country)	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Unknown		Un know		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Yes, no, or unknown) Yas WWF-II		Mormant Spital Records	Addr VAH. Perry 1	-
18. CAUSE OF DEATH (Enfer only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PT	line for (o). (b), and (c).] ulmonary tubercu	ulosis, far a	dvanced & acti	interval between onset and death unknown
Conditions, if ony, which gove rise to immediate cotse (a), stating the under-lying cause last.	roncho pleural	fistula		unknown
PART II. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING 1 206. DE OR CONTRIBUTING 11 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				EN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 10 NO
	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort i or Port II of item 18.)	
Hour o. m. While		ACE OF INJURY (Home, form, story, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
21. I certify that Lattended the decea	ised from July 17,	19.24 to At	igust 19 , 1956	. Abel-Klest/savi-the deceased
9F 201 20 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	and that death			
ACTUAL W. CLASSIGNATURE	eller	_3	ADDRESS (Street, city or town, stal, Perry Po	· ·
PHYSICIAN'S W. OPPLER		Director,	Professional	Services
220. BURIAL, CREMATION, 22b. DATE THEREOF 8-19-56	22c. NAME OF CEMETERY OF UNKNOW		22d. LOCATION (C'ty, fown, o Tennessee	r county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		1	TRAR'S SIGNATURE
Die 10 an my softwar der	Thanks nather	DATE S'	-30-56 31	ene, 2. Abunt

TO HOSPITAL OR A TENDINE PHYEKIAN: The law requires that the death certificate be executed within 24 hours after Jeath. Page 4 may be retained the heightel or attending physician.

TO FUNERAL DIRE OR: After this certificate him been signed by the attending physician and completely filled in by MeV funeral director, page 3 should be cetached for use as the buriof-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to buriof, cremation, or removal, and in any eventy within 22 hours ofter death. VS A15 (4) 15M 9/SS

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9961



VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

224 CERTIFICATE OF DEA		CERTIFICATE (OF DEATI
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118198 Reg. Dist. No. 98

1. PLACE OF DEATH o. COUNTY CE(CIL.		MARY	LAND	2. USUAL RESID 0. STATE PEI	ENCE (Whi	ere deceased	lived If institut b. COUNT	/ -	ce before		ion)
B. CITY OR TOWN (I PURAL and give per Poir	auts de corporate fimi arest lown) 10		32yrs4mod.	- 11	c. CITY OR TO	OWN (If or	ulside corpor SBURGH	rote limits, write	RURAt ond (give neor	est town	1)
d. NAME OF HOSPITA OR INSTITUTION Votorans Ac					d. STREET AL		ne Dri	.va		•		FARM?
3. NAME OF DECEASED (Type or print)	Fir RAN		Middle		HARSHA	N .	4. DATE OF DEATH	Augu		18 18		Year 19 56
5. SEX Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIE		March L	3,1888	_	9 AGE (In years lost birthdoy) 68 yrs	# UNDER	1 YEAR Days	Hours	R 24 HRS Min,
10a. USUAL OCCUPATION during most of working FOR etc. 13. FATHER'S NAME			abor Gangs	R INDUST	Peni	a.		ountry)		SA	WHAT	COUNTRY
	Gray Hars	haw					Boyd					
15 WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	. 17. IN	FORMANT			Ado	dress			
Yes	VW-I	N VICE;	None	Hos	pital Re	cord	VAH.	Perry	Point	, Md	٠	
Canditions, if an gove rise to in case (a), stating t	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y. which mediate he under- (c)	r	ne for (o), (b), and (c).] uberculosis ight Fistula bro right	oncho	pleural	due	to tu	berculos	3 is	U	nkno	DEATH OWN
CATIC			CONTRIBUTING TO DEA						VEN IN PAR	, , ,	PERFO	NO
			CRIBE HOW INJURY OF	CCURRED	(Enter noture of	injury in P	orl t or Port	It of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	White	NJURY OCCURRED Not while at work		CE OF INJURY IN ory, street, office			or town]	((ounty)		(State)
21. I certify the CALVELEN XXXXX ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURGLER, CREMATION REMOVAL (Specify) REMOVAL	W. OPPLER	KNOCK.	ed fram Apri	death (Direc	Hospi	M, fram DORESS (Sh tal, Profe	the causes of town,	and an il stote) sint, l Servi	ne date	state DA	ed abave ATE SIGNED -20-56
23. FOR THE DIRECTOR'S	SIGNATURE	2	ADDRESS Havre D	e(ra	ce, Md.		BY REGISTI		ISTRAR'S SIC	SMATURE S' . A	Don	whe.

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Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08200

<u> </u>		0000							Reg. Dist	t, No.	70	
	COUNTY	Cecil		MARYLA	- 11	D. STATE		ed lived. If instituti b. COUNTY		e befor	e admissio	m)
b	CITY OR TOWN ((If outside corporate limi	ts, write	c. LENGTH OF STAY IN	l lb	c. CITY OR TOWN (If autside carp	orate limits, write R	URAL and gi	ive neo	rest town)	
	RURAL and give negrest fown) Perry Point			6 days		Washington						
	NAME OF HOSPI	TAL (If not in hospital, g		oddress)		d. STREET ADDRESS		AT 247		1	IS RESID	FARM?
		Administrat	lon	Hospital		70 Pierce	Stree	C, N.W.			YES 🗍	ио 🗆
D	AME OF ECEASED ype or print)	Fir EAR		Middle L.		JOHNSON	4. DATE OF DEATH	Mor Augus		12	,	956
5. ŞI	X	6. COLOR OR RACE	7. MARE	RIEDE NEVER MARRIED	☐ 8. D/	ATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR	IF UNDER	24 HRS.
	Male	Negro	WIDOWI	ED DIVORCED		11-18-24		lost birthdoy)	Months [Days	Hours	Min.
16a	USUAL OCCUPATI	ON (Give kind of work	ione 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SIG	ate or foreign	country)	12 CITI:	ZEN O	F WHAT C	OUNTRY
	Labor	rking life, even if retired	'	Unknown		D. C.			US	A		
13. F	ATHER'S NAME				14	. MOTHER'S MAIDE	N NAME					
		John Jo	hnso	n		Ruth Joh	nson					
15 V	VAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT		Add	ress			
	res es	(If yes, give wor or dates of s		579-20-2079	Hosp	ital Reco	rds, V	AH, Perry	Point	, M	d.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]								ONSET AND DEATH			
Ш	PART I. DEATH WAS CAUSED BY: Lobar pneumonia, unresolved								un	Knowi	1	
	440X DUE TO											
	Canditions, if a)									
	gove rise to i											
	lying couse lost. (c)											
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS 9	CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART	1(0) 19	PERFORI	MED?
T III	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.)											
MEDICAL	Oc. TIME OF INJUI	RY Month, Day, Yes	ar 20d. II	NJURY OCCURRED 20	De. PLACE	OF INJURY (Home, fo	orm, 20f. (Cit	y or town)	{Co	ounty)		(Stote)
AEDI	Hour a.m. While Not while Status, street, office bldg., etc.)											
- -												
	ADDRESS (Street, city or town, stole)											
	ACTUAL	/1.19 C	20	rall)		V.A. Ho		Perry Po	-	Ma.	8	14-5
Н	SIGNATURE		//	110-0	M.D.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00000000	1011,	744102	11101 8		
	PHYSICIAN'S NAME (Type)	W. OPPLER		·		Directo	r, Prof	essional	Servi	ces		
220.	BURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCA	TION (City, town,	ar county)		(State)	
	removal (Specify	8-14-56		Arling	ton N	ational	Ar	lington,	Virgi	nia		
	UNERAL-DIRECTOR	1	,	ADDRESS		24a R	EC'D BY REGIS	TRAR 246. REGIS	STRAR'S SIGN	NATUR	E	1
	Penningto	on solone	931390	Me Grace, Me	d.	DATE	8-16	-56 Are	ve E	. d	Lower	Thort

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BUREAU V. S.

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\cup	6-4	fred	-61

CERTIFICATE OF DEATH

Reg. Dist. No. 96

	44 FW #				Keg. Dis	r, No. 270	
1. PLACE OF DEATH o. COUNTY C	ecil	MARYLAND	2 USUAL RESIDENCE (V		If institution: Residence COUNTY		
RURAL and give nearest to	b. CITY OR TOWN (If autside carparate limits, write RURAL and give neopes) town)		c. CITY OR TOWN (II	f outside corporate limi	ts, write RURAL and g	ive nearest fawn)	
× Ferryville		26 days	Rural	Chesapeake	City	,	
d. NAME OF HOSPITAL (IF NO OR INSTITUTION Voterans Admi		•	d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES X NO	
3. NAME OF DECEASED (Type or print)	First Robert	Middle	Johnson	4. DATE OF DEATH	Month August	Day Year 11, 19 56	
5. SEX 6. CO	LOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	1	YEAR IF UNDER 24 HRS	
	Haria V O	WED DIVORCED	12-23-08	47	7 yrs	Days Hours Min.	
10a. USUAL OCCUPATION (Give during most of working life,	s kind of work dane 10 , even if retired)	6. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Sta	le ar foreign country)	12. CITI	ZEN OF WHAT COUNTRY	
Mechan	ic		Bowlin	g Green. Va	2	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	H. Johnson			Mecconie			
3F	ve wer or dates of service}	6. SOCIAL SECURITY NO. 17.	NOSPITAL Re	cords, VAH	Address Perry Poi	in ⁴ , Mã.	
Canditions, if any, whit gave rise to immedia casse (a), stoting the und lying cause last. Part H. OTHER SIGN	ore DUE TO	Syringo Bul	bis and Syri		ITION GIVEN IN PART	Unknown 1(a) 19 WAS AUTOPSY PERFORMED?	
PANT II. OTHER SIGN						YES NO	
OR CONTRIBUTING CAU	ISE OF DEATH	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury H	n Part I ar Port II of ite	m 18.)		
20c. TIME OF INJURY Mon Hour o. m. p. m.	Whi		ACE OF INJURY (Home, fai ictory, street, affice bldg., e	rm, 20f. (City or town) (C	ounty) (State)	
21. I certify that I attended the deceased from July 16, 1956, to August 11, 1950 Mary Wast Saw the Margaret							
ONSEGUENTE	Market Market	and that death	occurred at 2:2	OAM, from the o		e date stated abov	
ACTUAL W.	Off		M.D. V.A. Hos				
PHYSICIAN'S 7-NAME (Type) 0.	C. 1 for 111	Chief, Profes	ssional Servi	.coe.			
220. BURIAL, CREMATION, 22b REMOVAL (Specify)	8-12-56	Whites Post		22d LOCATION (CI	ty, town, or county)	(State)	
23. FUNERAL BIRECTOR'S SIGN	ATURE Son	ADDRESS avre de Grace,		CD BY REGISTRAR	24b. REGISTRAR'S SIG		

TO HOSPITAL OR ** ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs uniqued by the retained to the haspital or attending physician.

TO FUNERAL DIRECOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove cappan papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please canone cappers. Pages 1 and 2 should permit to burial, cremation, ar removal, and in any event within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTECT a. COUNTY Cres 領 Cecil MARYLAND riol. b. CITY OR TOWN III aviside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] all life Svlmar. Rural Sylmar. Rurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. S RESIDENCE ON A FARM? YES TO NO 3. NAME OF Middle 4 DATE Month Dov DECEASED Walter Wilson 18 Marshall. 56 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 38. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) 2 with th Months WIDOWED ? DIVORCED [yrs. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) n 12 CITIZEN OF WHAT COUNTRY? ond during most of working life, even if retired) pe and Farming Sylmar R.D.Md. USA Farmer moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages ChrissiexM2 10 Frances James Marshall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Dean Marshall, Nottingham, R.D. 277-22-272 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Henstitis SYOX DUE TO Conditions, if ony, which) gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY CATION PERFORMED? NO -YES | 200 EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 21, I certify that I took charge of the remains described above, held an Autapsy [], Inspection 🕞 Inquiry 🕞 and find that Accident , Suicide , Homicide , Undetermined cause death resulted from: Natural causes , ACTUAL SIGNATUR DATE SIGNED CHIEF MEDICAL EXAMINER 00 orwarded t ASSISTANT MEDICAL EXAMINER EXAMINER'S 8-19-56 DEPUTY MEDICAL EXAMINER NAME (Type) R.C. Dodson 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) 0 Burial Friends Cem. Calvert Nottingham, R.D.1 23-HUNERAL DIRECTOR'S SKOTIATURE 24g_REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS. A15MEISI 5M 9/55

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BUREAU V. S.

MSTRUCTIONS

TO ATTIVITIES

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08204

CERTIFICATE OF DEATH 8211

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY Cecil	MARYLAND	STATE Mary	1 and COUNTY C	e cil
CITY (It outside corporate limits, write RURAL OR and give necest town) TOWN RIRTON	(in this plece) 64 days	CITY (If outside corp OR TOWN North	orate limits, write RURAL and	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital		STREET ADDRESS	(If rural give lo	ocation}
3. NAME OF (First) DECEASED (Type or Print) Ruth Ann	(Middle) 1a McCracken	(Lest)	4. DATE (Month) OF DEATH ALL	gust 2 (Yeer) 56
S. SEX 6. COLOR OR 7. SINGLE, MAI WIDOWED, (Specify)	DIVORCED.	ary 6, 1869		F UNDER 1 YEAR IF UNDER 24 HRS Ionths Days Hours Min.
done during most of working life, even if retired) School Teacher Reti	kind of Business or Industry ired 27 years	11. 8.RTHPLACE (Stelle or for North Bast	Maryland	12. CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Thomas C.McCracken		Martha Bro		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
no (if iss, give war or dates of service)	None	Mrs Howar	d Abrahams No	rth East, Md
AMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(areins ma	of late 1	Sidney	140.
DISEASE OF CONDITION CAUSING DEATH. 198, DATE OF OPERATION 196, MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
216. ACCIDENT WAS UNDERLYING 216. PLACE (HOOR CONTRIBUTING CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, farm, factory, H, office bldg., etc.)	23e. WHERE DID INJURY OCCU	JR? (City or town)	(County) (Stele)
- V	t work at work	21f. HOW DID INJURY OCC	JR?	
23. BURIAL, CREMATION, DATE THEREOF	nd that death occupred at	1/1:40N, from the ADE	causes and on the date RESS (Street, city, town, s	DATE SIGNED 2A-156
REMOVAL (SPECIFY) Burial August 5.5 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE THE STATE OF THE STATE		25. FUNERAL DIRECTOR'S	SIGNATURE	st.Cecil Co., Md ADDRESS Frant North East
DATE 0/7/36 3/13-		VIOLABLE WALLOW	Joseph K. G	rant North Fast

T. 4 MARINE 1 4 5Nt A.

	L		3 020	U	CERTIFICA	ATE OF DE	AIH			Reg. D	ist. No	ZU)
		PLACE OF DEATH O. COUNTY UBCIL			MARYLAND	2. USUAL RESIDEN o. STATE Marvl		eceosec	lived. If institut b. COUNTY	ion-Reside			
*** 1		RURAL and give	(If outside corporate limit nearest town)	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside	corpo	rote limits, write F	URAL and	give nec	arest lown	3
1	ļ	Port	Deposit		36 yrs.		Depos	it					
		OR INSTITUTIO	PITAL (If not in hospital, g N Rura]		oddress)	d STREET ADD		Ru	ral				FARM?
	3.	NAME OF DECEASED	Fin	i†	Middle	Last		ATE	Mor	ıth	Do	y '	Year
	<u> </u>	(Type or print)	Nellie		Fay	McGrad	ly D	EATH	TYCCE	14,		1	19 56
		F.	W.	WIDOW		B. DATE OF BIRTH Dec. 24	. 190	4	9. AGE (In years lost birthday) 51 yrs.	Months	R 1 YEAR Doys	Hours	Min.
1	100	USUAL OCCUPA during most of w	TION (Give kind of work of orking life, even if retired) eacher		ж ирор вуд иесь от иного chool Teache					- 1			COUNTRY
	_	FATHER'S NAME	.,	1~	OHOOT LOUGHE	14. MOTHER'S MA		V/v	TINTHI		U.S	•	
	J	ames H	enry McFa	idde	n	Rache	l Jac	kso	on Boy	d			
0	15. Ye	WAS DECEASED E	VER IN U. S. ARMED FORI	CES? 16.	NOTE O				Add	ress	112		
	H		EATH [Enter only one car	use per li		Teill MGG	rady	PC	ort Den	OSIU		ERVAL BE	TIMEEL)
			EATH WAS CAUSED BY IMMEDIATE CAUSE (6)		Couper	136	22.				IONS	ET AND	DEATH
		163%	DUE TO		0		0					J.Com	Jan 1 6 121
		Conditions, if			Metosto	3.5 /	13	الم الم	> = = =		13	3/20	4/2
		gave rise to couse (a), statin											
	,	lying couse los	_ / (c)										
	ICATION			DITIONS_	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL D	ISEASE	CONDITION GIV	/EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
	CERTIFI	OR CONTRIBUTION (IF EITHER, NOTICE	VAS UNDERLYING II IG II CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enler nature of in	jury in Part I o	or Port	II of item 18.)				
	MEDICAL	20c. TIME OF INJ Hour a. r p. m	la tan		NJURY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Hordory, street, office blooms)	dg., atc.)	. (City	or town)		(County)		(Stote)
		21. I certify	that I attended the	deceas	ed from Journ	, 19 <u>52</u> , t	· J	14	, 19 <u>.5°</u> C	_,that I	last so	aw the	deceaser
		alive on 2	-/3	<u>ئے 1</u> 9 ہے		occurred at \$	1.55 M.	from	the causes o	and on !	he da	te state	d above
1		ACTUAL SIGNATURE	26/2		1	M.D	ADDRI		reet, city or town,		= /2	J B	TE SIGNES
		PHYSICIAN'S NAME (Type)			2.2								
		BUR AL, CREMAT	10N. 22b. DATE THEREO		Smiths Cha	R CREMATORY			ION (City, town, o		larv	(Stote	
	23	FUNERAL DIRECTO	Prs signature	nall), ADDRESS		o. REC'D BY R			YY			Tos
	- 1		7	- 1/2	The state of the s	111111111111111111111111111111111111111	7					-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8220

BUREAU Y. S.

NEGETALINE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8231

CERTIFICATE OF DEATH

18206 Reg. Dist. No. 90

1/1	PLACE OF DEATH					2. USUAL RESIDENCE (WI	here deceosed I	ived. If institution	oni Residenc	e before	odmissio	on)	
	o. COUNTY	Cecil		MARYL	AND	a. STATE Maryland b. COUNTY							
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	E. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (IF	outside corpara	te limits, write R	URAL and g	ive neare	st fawn)		
ı	Perryville	iresi townj		Lyrs.lmo.2	das	Silver Spring							
r	d. NAME OF HOSPITA	L (If not in hospital, g	ive street o	address)		d. STREET ADDRESS e. IS RESIDENCE							
١	OR INSTITUTION Veterans Ad	ministrati	on Ho	spital		8202 - 12th	Avenue			ON A FARM?			
3	NAME OF	Fir	s!	Middle		Last	4. DATE	Man	th	Day	Y	oar	
Т	(Type or print)	JAME	S	J.		MC LEAN	OF DEATH	August		19		56	
5	SEX	6. COLOR OR RACE		IED NEVER MARRIES	П	DATE OF BIRTH	9	AGE (In years	IF UNDER	YEAR IS			
	Male	White	WIDOWE	_	_ i	1-22-72		last birthday)	Months	Days I	Hours	Min.	
ī	0a USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Slote	or foreign cou	ntry)	I2. CITI	ZEN OF	WHAT	OUNTRY?	
	Unknown	ng life, even if retired		unknown		Scotland			USA				
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME		001				
1	Unknown					Unknown							
7	S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1	(FORMANT	-	Addr	ess				
	Yes To or unknown)	SAW	HYON)	nk	Hos	pital Record	s. WAH	Darrur 1	Point.	Md.			
F				e for (a), (b), and (c).]	1100	prode Hocord	o vali	10119	CHIO		AL BET	44554	
	PART I. DEAT	H WAS CAUSED BY:				h41-41) 1	-1		ONSET	AND	DEATH	
ı		IMMEDIATE CAUSE (0		nenopnaumo	nia	bilateral,	Lower 1	obe, unre	SOLVE	a c	<u>>−3−</u> (jays_	
ı	1- 3.1	DUE TO		anaun baan	L 33						1		
ı	Conditions, if an gave rise to im	mediate		onary near	t al	sease, sever	е			unknown		own	
Т	cottse (a), stating the under DUE TO										un la ma	Out at the	
١,										unknown			
	E TANK III. OHN	EK SIGINIFICANI CON	DITIONS C	ONIKIBUTING TO DEA	100	INOT REDICED TO THE TERM	IIIME DISEMBE	CONDITION GIV	EN IN PAKI	''	PERFOR	WED3	
	200 ACCIDENT WAS	LINDERIVING CI	206 DESC	PIRE HOW INTITION OF	CUPPER	. (Enter nature of injury in	Part Las Bort I	Laf Stem 10.1		Y	ES.K.	ио П	
The Contract of		CAUSE OF DEATH	200. 0130	SKIDE HOW HOOK! OC	CORREL	. Lenter notice of injury in	ron por ron i	or new ro.,					
	20c. TIME OF INJURY Hour o. m.	Month, Day, Yes			20e. PL/	CE OF INJURY IHome, form	n, 20f. (City a	r Iawn)	(C	ounty)		(State)	
100	Hour o. m.	19	While of work	Nal while	IG.	iory, sileer, office blog., elc	-1						
	21 Leastify the	VA	decease	ed from July	18	, 19.52 , to A	ugust 1	9 1056	NEW YORK	CMC/CMC	THEV	EVASVA	
1						occurred ot 8:40							
1			100	9.	060111			et, city or town,		e uuie		E SIGNED	
	ACTUAL SIGNATURE	(01.1	Il	/\		V.A. Hosp	ital. P	erry Po-	int.	d.	8-20		
			1			n.v							
	PHYSICIAN'S NAME (Type)	W. OPPLER				Director	, Profe	ssional	Serv	ces			
2	29. BURIAL, CREMATION			22c. NAME OF CEME				ON (City, town, o			(State)		
	REMOVAL (Specify)	8-20-56		<u> </u>	rigto	n National		ngton,					
2	3. FUNERAL DIRECTOR'S	SIGNATURE	1,00	ADDRESS		24a. REC'	D BY REGISTRA	AR 24b. REGIS	RAR'S SIG	NATURE		1 _	
L	Nalley's F	uneral Hom	e, Mo	unt Rainie	r, M	d. Homes	4415	10 6	ane	other	rock	erla	

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has billien is signed by the attending physician and campletely filled in by the une page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

VS A15 (4) 15M 9/S5

8232 CERTIFICATE OF DEATH iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY MARYLAND Cecil b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Port Deposit vrs pluous Port Deposit d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS 109 N. Main St. 109 N. Main St NAME OF Middle 4. DATE Aug. 19 DECEASED Louise Nesbitt (Type or print) Margaret DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years ros birthday) Female White 3-19-1878 WIDOWED IN DIVORCED [Vfs. 10a USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Wife Md. House 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mace Thom as Grav Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Port Deposit, Md. Russell Locke. No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ä PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Then DUE TO :0806-00:0 ģ permit. Conditions, if ony, which signed gave rise to immediate DUE TO couse (o), stoting the underand lying couse lost. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 120f. [City or town] Day, Year 20d, INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. n. While Not while at work at work D. 65 19\$8 to 10 m 19, 1956 that I last saw the deceased 21. I certify that I attended the deceased from Donc alive on MC and that death accurred at 6:3 > 1/M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) Richards. Jr. FUNERA 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) Buria Harmony Chanel iberty Crove 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08207

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

Maryland

5 uno

12. CITIZEN OF WHAT COUNTRY?

Dovs

TISA

(County)

e. IS RESIDENCE

ON A FARM?

YES TI NO T

19 56

Reg. Dist. No

Cacil

Months

VS A15 (4) 15M 9/55

TAdrimi

993 1996



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08208
1.0.2	9233 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH
d by	ter 1 11-272 - Then 1 11 11 12 20 30 Reg. Dist. No. / 4
shaul	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND O. STATE D. COUNTY D. COU
X & 5	b. CITY OR TOWN (If outside corporate limits, work RURAL on give nearest town)
E. M.	Telden green 50 yrs. Rearng Sun
and in	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
dare in part i	Viral Coull Tural YES NO
ny del preral your egistro	3. NAME OF DECEASED (North) ANNA DE FLIA OLAIS DEATH 8 26 1956
The far the fa	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR IF UNDER 24 HRS. In years If UNDER IYEAR If UNDER 24 HRS. In years If UNDER IYEAR If UNDER 24 HRS. In years If UNDER IYEAR If UNDER 24 HRS. In years If UNDER IYEAR If UNDER IYEAR If UNDER 24 HRS. In years If UNDER IYEAR If UNDER IYEAR If UNDER IYEAR If UNDER IYEAR If UNDER 24 HRS. In years If UNDER IYEAR If UNDER 24 HRS. If UNDER IYEAR If UNDER IYEA
Party North	10g. LISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Interior Country)
fler d be re and 2	during prost of working life, even if retired House North Her Fersey USU.
s 1, 2 5 may ges 1	N Dolert Coole Catherine Perry.
Give Poge 3. Poge	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17/INFORMANT (I'v. no. or unknown) (I) yes, give wer or dates of service) (I) yes, give wer or dates of service)
P. S.	18 CAUSE OF DEATH [Enter only one cause per line for (b), (b) and (c).]
nn Pern Pern	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH ONSET AND DEATH
for for sit	5.0 DUE TO
e ci y	Conditions, if ony, which) to due to inability to retain food.
Id by the state of	gove rise to immediate cause (a), stating the underlying DUE TO
alo alo	cause lost. (c)
ing: ing Office ed as a	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
s certil pend niner's l be us	20g EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) CAUSE OF DEATH.
ouk ouk	
The w dical	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. m.
Hing Me	21. 1 certify that I took charge of the remains described above, held an Autopsy [], Inspection [] Inquiry [] and find that
# E E E E E E E E E E E E E E E E E E E	death resulted from: Natural couses 💹 Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined cause 🔲.
A POST	ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER (
of to	ASSISTANT MEDICAL EXAMINER
DEPUTY In the cell of the cell	EXAMINER'S TO DOSO M DEPUTY MEDICAL EXAMINER DE
	22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5 2 x 5 2	BURIAL NUE 28.1956 / IETHOPIST DAY VIEW CICILCA Md
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE
5M 9/55	Joseph Draw north East my DATE - 28-36 Sarahit Nothermel
	5

OECEINE!

BUREAU V. E.

IS RESIDENCE ON A FARM?

YES TO NO TO

Year

10 56

Rea. Dist. No. 96

Dav

IF UNDER LYEAR IF UNDER 24 HRS

Hours

Days

12 CITIZEN OF WHAT COUNTRYS TISA Address Hospital Records, VAH, Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH 10-15 days (following operation) weeks 10-15 davs unknown PERFORMED? (unknown) YES A NO T 20f. (City or town) (County) (State) ADDRESS (Street, city or town, stole) DATE SIGNED V.A. Hospital, Perry Point, Md. 8-10-56 Director, Professional Services 22d. LOCATION (City, town, or county) (Stote) Arlington National Arlington, Virginia 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Manth

Months

August

YES

O

REMOVAL (Specify)

23. PUNERAL DIRECTOR'S SIGNATURE

8-10-56

ADDRESS

de Grace. Md.

GOOT SI ET

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours all

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

CERTIFICATE OF DEATH 2225

1.	PLACE OF DEATH	ecil	MARYLA	ND	2. USUAL RESIDENCE O. STATE Ohi		re deceased	d lived. If institut b. COUNTY	Columb	iana	dmission)	
F	B. CITY OR TOWN (IF RURAL and give no erry Poin	outside carporate limits, v prest town)	die c. Length of Stay in 3 Yrs. 9Mot	34	c. CITY OR TOWN E. Live			rate limits, write l	URAL and gi	ve nearest	town)	
7	d. NAME OF HOSPITA OR INSTITUTION OCCUPANTS AC	AL (If not in hospital, give dministratio	n Hospital		d. street address		Stree	et			S RESIDENCE ON A FARM? ES NO (
	NAME OF DECEASED (Type or print)	Frank First	Middle E •		Putna	Ma.	4. DATE OF DEATH	Ma 8	oth	Doy 19	Year 19 56	
5. 3	Male	7471 - F A -	MARRIED NEVER MARRIED DOWED DIVORCED		1-19-82			9. AGE [In years lost birthday] (4 yes			UNDER 24 HRS. ours Min.	
10a	during most of work Painter	N (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OR UNKNOWN	INDUST	Wellsvi	tote o	or foreign co Ohi	ountry) Lo	12. CITIZ	USA	VHAT COUNTRY	
13.	FATHER'S NAME				14. MOTHER'S MAIDE							
Archie Putnam Ufemia Mac Cord												
Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address We have not of doing of security in the second of										Md.		
		TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).] Lobar Pneumoni	la,B	ilateral,L	owe	r Lob	es,Unres	olved	ONSET	AL BETWEEN AND POLYS	
	f- f C f- Canditions, if an gove rise to in catse (o), stating t lying cause last.	nmediate Due 70	Emphysema, Bila	ater	al,Severe			, , , , , , , , , , , , , , , , , , , ,		Unk	Unknown	
FICATION	PART II. OTH Arterio	sclerosis,g	ons contributing to DEAT	ere					EN IN PART	` P	WAS AUTOPSY ERFORMED?	
AL CERTI		CAUSE OF DEATH	DESCRIBE HOW INJURY OCC									
MEDICA	Hour u.m.	210	While Not while at work at or work	fact	CE OF INJURY (Home, ary, street, office bldg.,	farm, etc.)	20f. (City	or town)	(Co	ounty)	(State)	
	21. I certify the	at Kattended the de	ceased from 11-2.	1-52	, 19, to_	8-	-19	19.50	, WADDE	SICKS CX	TRESIDENT	
	ACTUAL	W. D			occurred ot 12	A	DDRESS (SI	n the causes (lreel, city or town,	ond on the	e date :		
	PHYSICIAN'S NAME (Type)	W. OPPLER	M.	//				essional				
220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETE Arling		CREMATORY National			ington,			(State)	
3.	FUNERAL DIRECTOR'S		ADDRESS	3.5	24a. F		BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE	2/.	

BUREVO K &

9961 - 1026

MARE:

CERTIFICATE OF 8212 DEATH

Reg. Dist. No....

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED									
	COUNTY Cecil MARYLAND	STATE Maryland COUNTY Cecil									
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)									
	OR end give neerest town) (in this place) TOWN R1kton 5 weeks	OR TOWN North Bast									
	HOSPITAL OR	STREET (If rurel give location)									
	INSTITUTION OR STREET ADDRESS Union Hospital	ADDRESS									
	3. NAME OF (First) (Middle) (Type or Print) Morton B. Reeder	(lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH August 6 1952									
	RACE WIDOWED, DIVORCED,	ATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.									
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even H relired) Storekeeper U.SPublic Health	3 yrs BIRTHPLACE (Stela or foreign country) Maryland 12. CITIZEN OF WHAT SSARY?									
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
	Samuel J.Reeder	Mary Watson									
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	O. 17. INFORMANT & ADDRESS									
	(If Yes, no, or unk.) (If Yes, give wer or detes of service) 313-34-8610	Mrs Blanche R.Reeder, North East, Mi									
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN									
		ir-Rosis of Liver / Vr.									
		THE TYPE									
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	diovanular Read Discore 10 yrs +									
	(C)										
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH.	itus: Browlist Asthura 10 yrs. +									
	194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	ZO. AUYOPSY? YES ☐ NO (XF									
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING 2AUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)									
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work at work	21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURED 21f. HOW DID INJURY OCCUR? While Not while 1									
	22. I hereby certify that I attended the deceased from. He	17 1946, 10 6 Aug., 1956, that I last saw the deceased									
7		ed at									
10	SIGNATURE //	ADDRESS (Street, city, town, stets) DATE BIGNED									
	Klaws H. / Julius 17.0 M.D	11 11 - 1 50									
A15C 1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or county) (State)									
SAI	Burial August 9, 56 Method										
>	DATE 8/8/56 Frager	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS									

INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL, The law requires that The bottom copy may be retained by the hospital or mitanding pllysician.

OI DUA

VS. A15ME(5) 5M 9/55 31

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8236MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.	Dist.	No.		4
		1000	-	

08213

1	a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 6. STATE 6. COUNTY.							
/		cil		MARYLAI	40	Md.		B. COONI	Cecil			
	b. CITY OR TOWN II	t outside corporate limits, write)	s RURAL	c. LENGTH OF STAY IN	6. CITY O	R TOWN (II	f outside corp	porate limits, write	RURAL and giv	e nearest	lown)	
-	North East			li yrs.	Nort	al						
	d. NAME OF HOSPIT	TAL OR INSTITUTION	If not in ho	ospital, give street address)	d. STREET	ADDRESS				0	RESIDENCE N A FARM? NO 🚾	
- 1	NAME OF DECEASED	Fi	rst ta	Middle	Lo	sl	4. DATE	Month	h D	оу	Year	
	(Type ar print)	Andy:		Marshall	Soots		DEATH	8		3	19 56	
4	S. SEX	6. COLOR OR RACE	7. MARR	IED . NEVER MARRIED	8. DATE OF BIRT	Ή		9. AGE (In years lost birthday)	IFUNDER TYE	-		
L	M	T	WIDOW	ED DIVORCED	9-29-19	09		116 уп.	Months Day	Hauri	Min.	
1	during most of working	ON (Give kind of working life, even if refired)	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Slote	or foreign o	ountry)	12. CITIZEN	OF WHA	T COUNTRY	
1.	Laborer		A	ll kinds ow w	fork No	rth Ca	arolin	B D	Us	.A.		
	IJ. FATHER'S NAME				TA, MOTHER'S	MAIDEN N	MAME					
	Willia	am Soots			Min	nie Os	ardue					
		ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INFORMANT			Address				
	yes:	No. 2		46-09-7024	John Soc	ts 1	North 1	East. Md.				
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]									INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Drowned						HOLL MAD !	I DO M	
Ж	1	DUE TO		- DI-ONIB								
	Conditions, if o											
	gove rise to immed (o), stoling the		-									
	cause lost.	(c)						`				
	PART II, OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	NALDISEASE	CONDITION GIV	EN IN PART 1(o			
	Š									YES	ORMED?	
	PART II, OTH	USE WAS	b. DESCRIB	IE HOW INJURY OCCURRED	. (Enter noture of i	njury in Port	1 I ar Part II	of item 18.)	4	-	d	
- 1		IN THE STATE OF TH	Jim	ned into Nort	h Fact C	reek s	and eve	2m 0.000 a.		In wa	nell's	
	20c. TIME OF INJUI	RY Month, Day, Yes	20d.	INJURY OCCURRED 206.	PLACE OF INJURY	(Home, form	n. 20f. (City	or town)	(County)		(State)	
1	Hour o.m.	å 3 19	56 While	THE PARTY OF THE P	octory, street, offic			North Eas	st. Cec	.29	363	
		hat I taak charge	of the	remains described a				spection 📮			I find the	
	· .	Lfrom:_ Natural		¬		Hamicide		ndetermined o		E), G ,,,	11114 1114	
П		1000	- 0 -	00000	, ,	1011110100	, L.,	idelettimited e				
П	ACTUAL	XXXX	TU	WYM	CHIEF	MEDICAL EX	CAMINER			DATE	SIGNED	
	SIGNATURE				M.D. Criter	ANT MEDIC	AL EXAMINE	R.I				
	EXAMINER'S NAME (Type)	R.C.Dodson				_	EXAMINER 6	-	8-	المحادثة		
2	20. BURIAL, CREMATIC	N. 226, DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town, o	or county)	(5)	ote)	
	REMOVAL (Specify)	August 4	1,56					and Caba		N.C.	•	
2	3. FUNERAL DIRECTOR	S SIGNATURE	. 4	ADDRESS	4	24a. REC'I	D BY REGISTI	RAR 24b, REGIS	STRAR'S SIGNA	TURE		
	Hoseph R &	hant no	ortho	ast Mari	shoul	DATECL	196-5	6 Sar	ale E.V	othe	mel	
-						<u> </u>						

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DELANCED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08214

8238 CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH COUNTY Cecil		MARYLAND	2 USUAL RESIDENCE (M	there deceased	lived. If instituti b. COUNTY	on: Residence be	efore admiss	ion)		
X	b. CITY OR TOWN (If outside RURAL and give regrest to RISING Sun	corporote limits, write	c. LENGTH OF STAY IN TE 1 Month	e city or town (if Port Dep		rate limits, write R Rur	-	nearest laws	1		
	d. NAME OF HOSPITAL (If no OS INSTITUTION GRAY Deal N	of in haspital, give street o	oddress)	d. STREET ADDRESS Route	d. STREET ADDRESS Route 222 G. IS RESIDENC ON A FARM YES NO						
	3. NAME OF First DECEASED (Type or print) Elam		Roth Middle	Werntz	4. DATE OF DEATH	Aug		-,	reor 19 56		
		or or RACE 7. MARRI	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug. 20, 187		9. AGE (In years last birthday) yrs.	Months Doy		R 24 HRS Min.		
/	loa. USUAL OCCUPATION (Give during most of working life, Laborer	Penna .	e ar fareign co	ountry)	12. CITIZEN		COUNTRY?				
۱	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
1	Unknown										
Ī	5. WAS DECEASED EVER IN U. 1	a man an alasta of condens		. INFORMANT		Add					
L	nO	2]	L8-01-258\$N	irs Erma McS	padde:	n Havre	de Gr	ace,1	id.		
- 1	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	DUE TO (c) IIFICANT CONDITIONS C RLYING 20b. DESC SE OF DEATH		UT NOT RELATED TO THE TERM RED. (Enter nature of injury in			EN IN PART 1(o)	PERFO	AUTOPSY RMED? NO []		
	20c. YIME OF INJURY Mont Hour o. gr. p. m.	h, Day, Year 20d. IN While of work	Not while	PLACE OF INJURY (Home, for foctory, street, office bldg., el		or tawn)	{Count	yl	(Stole)		
	21. I certify that I at alive an	lended the decease 25, 12, 12, DOCS	!/	th accurred at 500		2, 19,5 control of the courses of the courses of the courses of the course of the cour		late state			
1	DELLOVAL /Specific	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	ION (City, town, o	or county)	(State)		
	HUYTAT 8-	28-1956	Asbury Cen	netery	Por	t Depos	it.Md.	Rura	1		
	3. FUNTERAL DIRECTOR'S SIGNA	sout-lov	ADDRESS	240. REC	D BY REGIST		TRAP'S SIGNAT	Huni	atom		

BUREAU V. E.

NECEUVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DEPUTY

MERICAL EXAMINER'S CERTIFICATE OF DEATH.

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BUREAU V. E.

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NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08217

8241

Item 14 FilmG201 8-13-56 et CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Cecil						
COUNTY Cecil		MARYL	AND							
CITY (If outside corporete limits, wri	te RURAL	LENGTH O		CITY (If outside corporete limits, write RURAL end give nearest town)						
TOWN North East	t	56 ye		TOWN North Bast						
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS	(if rure)	giva location)	-	1		
3. NAME OF (First)		(Middle)		(Lest)	4. DATE	Month)	(Dey) (*	Yeer)		
(Type or Print) Willi:	am	P	V	Wyre	DEATH	August 3	3 1956,	9		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIV		8. DATE C	F BIRTH	9. AGE last birthdey			ER 24 HRS		
Male White	(Specify)Mar		Feb	25,1880	76 y	Months .	Days Hou	rs Min.		
10e. USUAL OCCUPATION (Give kind of done during most of working life, ex ratired) Fish Net Make :	en il OR	ID OF BUSINES	SS	11. BIRTHPLACE (Stele or Delaware	foreign country)	12.	CITIZEN OF W	/HAT		
3. FATHER'S NAME				14, MOTHER'S MAID	EN NAME					
Bli Wyre				Fran	nces Frezze					
IS. WAS DECEASED EVER IN U. S. ARM (Yas, no, or unk.) (If Yas, giva war or d		none	URITY NO.	17. INFORMANT	a ADDRESS Tyre North B	ast, Mar	ryland			
I DISEASES OR CONDITIONS DIRECTLY IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(A)	Arterio	selerot	ic Heart	Disense		d y	DEATH		
STATING UNDERLYING CAUSE LAST,	C)			_			-			
TO THE SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	THE									
19a. DATE OF OPERATION 19t	. MAJOR FINDINGS	OF OPERATION	N				YES T	PSY?		
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY streat,			TIC. WHERE DID INJURY OC	CCUR? (City or lown)	(Count)	y) (St	ale)		
21d. TIME OF INJURY (Month) (Day)	(Yeer) (Hour) 21s. Whi M. et w		URRED by while work	21f. HOW DID INJURY OF	CCUR?					
REMOVAL (SPECIFY)	trended the decer 9.5.6, and f. Market E THEREOF	that death	occurred at	Az.M, from th	courses and on the DDRESS (Street, city, I	date stated lown, state) Adoption, or county)	above. DATE:	SIGNED		
24. REC'D BY REGISTRAR REG	gust 6,195 STRAR'S SIGNATURE	Rothers	thodist	26 FUNERAL DIRECTO		A	il Co, i			
VAIL 00 1				I JUNGER (1)	vum no					

RESIDANTA IS NELALLY TO TANKET WELD STAYE CHALLY THE

CERTIFICATE OF DEATH

SEE CENTRAL

BOLTERS .

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TOTAL STATE WHEN

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William William to Washington

Astronochorn place brigas

BUREAU V. S.

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